PHP WORK EXPERIENCE CHECKLIST- RN/LPN

Instructions: Fill out Completely. Range of dates must include exact dates: Month/Year – Month/Year.

BMT	___ yes	___ no	_____ dates of experience
BURN UNIT	___ yes	___ no	_____ dates of experience
CATH LAB	___ yes	___ no	_____ dates of experience
DIALYSIS	___ yes	___ no	_____ dates of experience
ENDOSCOPY/GI LAB	___ yes	___ no	_____ dates of experience
ER	___ yes	___ no	_____ dates of experience
ER - Pediatric	___ yes	___ no	_____ dates of experience
HOME HEALTH:	___ yes	___ no	_____ dates of experience
ICU - Adult	___ yes	___ no	_____ dates of experience
ICU - CV	___ yes	___ no	_____ dates of experience
ICU - Neuro	___ yes	___ no	_____ dates of experience
ICU - Pediatric	___ yes	___ no	_____ dates of experience
ICU - Trauma	___ yes	___ no	_____ dates of experience
L & D	___ yes	___ no	_____ dates of experience
MED SURG	___ yes	___ no	_____ dates of experience
NICU – LEVEL 2	___ yes	___ no	_____ dates of experience
NICU – LEVEL 3	___ yes	___ no	_____ dates of experience
NURSERY	___ yes	___ no	_____ dates of experience
NURSERY – level 2	___ yes	___ no	_____ dates of experience
OB	___ yes	___ no	_____ dates of experience
ONCOLOGY	___ yes	___ no	_____ dates of experience
OR	___ yes	___ no	_____ dates of experience
OR – CV	___ yes	___ no	_____ dates of experience
ORTHO	___ yes	___ no	_____ dates of experience
PACU	___ yes	___ no	_____ dates of experience
PEDIATRICS :	___ yes	___ no	_____ dates of experience
PSYCH – Adult	___ yes	___ no	_____ dates of experience
PSYCH – Geriatric	___ yes	___ no	_____ dates of experience
PSYCH – Pediatric	___ yes	___ no	_____ dates of experience
REHAB - Medical	___ yes	___ no	_____ dates of experience
TRANSPLANT	___ yes	___ no	_____ dates of experience
TELE – General	___ yes	___ no	_____ dates of experience
TELE - Progressive:	___ yes	___ no	_____ dates of experience
OTHER	___ yes	___ no	_____ dates of experience

SYSTEMS & PROCEEDURES:

___ yes ___ no Basic Recognition of EKG arrhythmias:
___ yes ___ no Use of emergency equipment:
___ yes ___ no Balloon Pump Balloon Pump Certified ___ yes ___ no
___ yes ___ no P/C Charting: System used _____
___ yes ___ no Blood Glucose Monitor: Type_____
___ yes ___ no The recognition, interpretation, and recording of signs and symptoms in critically ill patients.
___ yes ___ no The parenteral administration of electrolytes and fluids.
___ yes ___ no Conscious Sedation experience? If yes, How many months/years? _____
___ yes ___ no Annual In-service Training in Universal Precautions, Fire/Electrical Safety, OSHA hazardous waste , TB Transmission, Blood-borne Pathogen exposure in the workplace, Age Specific Criteria, and Violence in the Workplace.
___ yes ___ no Reviewed JCAHO National Patient safety Goals related to Banned Abbreviations.
___ yes ___ no The recognition of the need for psychological and social services for patients and their families.

_____

Employee Name (Printed) Name (employee signature or "via phone") and Date

_____

Agency Name Agency Representative Signature and Date